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| Fill in this info | | | | | |
|---------------------|---------------------------|-------------------|----------------|--|-----------------------|
| Debtor 1 | Linda A Johnson | n | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | | |
| Case number | 20-10634 | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | 0.00 17,725.00 17,725.00 liabilities nt you owe 482.00 0.00 |
|---|---|
| * | 17,725.00 liabilities nt you owe 482.00 |
| Your I Amount \$ | liabilities nt you owe 482.00 |
| \$ \$ | 482.00 0.00 |
| \$ \$ | 482.00 0.00 |
| . \$ | 0.00 |
| — | |
| . \$ | 10 381 00 |
| | 10,301.00 |
| es \$ | 10,863.00 |
| | |
| \$ | 1,965.42 |
| \$ | 1,961.00 |
| | |
| your other so | chedules. |
| | \$ |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Linda A Johnson Case number (if known) 20-10634

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

\$______2,289.21

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| | | Documen | t Page 3 of 36 | |
|--|--|--|---|---|
| Fill in this info | rmation to identify yo | ur case and this filing: | | |
| Debtor 1 | Linda A Johnse | on | | |
| 200101 | First Name | Middle Name | Last Name | |
| Debtor 2 | First Name | Middle Nove | LastNama | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the | : NORTHERN DISTRICT OF | MISSISSIPPI | |
| Case number | 20-10634 | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Ea | orm 1061/D | | | |
| | orm 106A/B | | | |
| Schedu | le A/B: Pro | perty | | 12/15 |
| think it fits best. information. If mo Answer every que | Be as complete and according space is needed, attachestion. | urate as possible. If two married p | e. If an asset fits in more than one category, list beople are filing together, both are equally respond the top of any additional pages, write your nat our Own or Have an Interest In | nsible for supplying correct |
| | | - | | |
| 1. Do you own or | have any legal or equita | ıble interest in any residence, buil | ding, land, or similar property? | |
| No. Go to Pa | art 2. | | | |
| ☐ Yes. Where | is the property? | | | |
| | | | | |
| | | | | |
| Part 2: Describe | e Your Vehicles | | | |
| someone else dr | rives. If you lease a veh | | les, whether they are registered or not? Inc G: Executory Contracts and Unexpired Lease | |
| ■ No | | | | |
| □ Yes | | | | |
| L 103 | | | | |
| | | | vehicles, other vehicles, and accessories ls, snowmobiles, motorcycle accessories | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | | |
| — 100 | | | | |
| 5 Add the doll | | | ies from Part 2, including any entries for | \$0.00 |
| 5 Add the doll | | | ies from Part 2, including any entries for = | \$0.00 |
| 5 Add the doll pages you h | nave attached for Part | 2. Write that number here | | \$0.00 |
| 5 Add the doll pages you h | nave attached for Part | 2. Write that number here | = | |
| 5 Add the doll pages you h | nave attached for Part | 2. Write that number here | = | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 5 Add the doll pages you h Part 3: Describe Do you own or 6. Household g | e Your Personal and Ho have any legal or equ | 2. Write that number hereusehold Items uitable interest in any of the fo | = | Current value of the portion you own? Do not deduct secured |
| 5 Add the doll pages you h Part 3: Describe Do you own or 6. Household g Examples: M | e Your Personal and Ho have any legal or equipoods and furnishings lajor appliances, furnitu | 2. Write that number hereusehold Items uitable interest in any of the fo | = | Current value of the portion you own? Do not deduct secured |
| 5 Add the doll pages you h Part 3: Describe Do you own or 6. Household g Examples: M No | e Your Personal and Ho have any legal or equipoods and furnishings lajor appliances, furnitu | 2. Write that number hereusehold Items uitable interest in any of the fo | = | Current value of the portion you own? Do not deduct secured |

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

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| Debtor 1 | Linda A Joh | nson Document Page 4 of 36 Case number (if known) | 20-10634 |
|--|--|--|---|
| ■ Yes. | Describe | | |
| | | Three flat screen televisions valued at less than \$200 each | \$500.00 |
| | | Lap Top | \$100.00 |
| Examp ■ No | | I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, ons, memorabilia, collectibles | or baseball card collections; |
| Examp No | nent for sports a les: Sports, photo musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| ■ No | | s, shotguns, ammunition, and related equipment | |
| □ No | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | | Clothing | \$400.00 |
| ■ No □ Yes. 13. Non-fa Exam ■ No | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g birds, horses | old, silver |
| ■ No | ther personal an | d household items you did not already list, including any health aids you did not list | |
| | | of all of your entries from Part 3, including any entries for pages you have attached number here | \$1,800.00 |
| Part 4: De | escribe Your Finan | cial Assets | |
| Do you o | wn or have any l | egal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. Cash <i>Exam</i> ■ No | ples: Money you | have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | on |

Official Form 106A/B Schedule A/B: Property page 2 Case 20-10634-JDW Doc 13 Filed 03/11/20 Entered 03/11/20 16:50:33 Desc Main Document Page 5 of 36

| D | ebtor 1 | Linda A Johnse | on | Case number (if known) 2 | 0-10634 |
|----|-----------------|---------------------------------------|---|---|---------------------------------------|
| 17 | | · · · · · · · · · · · · · · · · · · · | 0 / | ounts; certificates of deposit; shares in credit unions, brokerage hou s with the same institution, list each. | ses, and other similar |
| | □ No ■ Yes | | | Institution name: | |
| | | | 17.1. Checking | Bank of Holly Springs | \$925.00 |
| 18 | | | publicly traded stocks restment accounts with bro | okerage firms, money market accounts | |
| | | | Institution or issuer | name: | |
| 19 | joint v | ublicly traded stock enture | k and interests in incorp | orated and unincorporated businesses, including an interest in | an LLC, partnership, and |
| | ■ No | | | | |
| | ☐ Yes. | Give specific inform | nation about them Name of entity: | % of ownership: | |
| 20 | Negoti Non-n | <i>iable instrument</i> s inc | clude personal checks, cas | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. | |
| | ■ No | Give specific inform | ation about them | | |
| | □ res. | Give specific inform | Issuer name: | | |
| 21 | | ment or pension ac | | 403(b), thrift savings accounts, or other pension or profit-sharing pla | ns |
| | ■ No | | | | |
| | ☐ Yes. | List each account se | eparately. Type of account: | Institution name: | |
| 22 | Your s | | leposits you have made so | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies | i, or others |
| | ☐ Yes. | | | Institution name or individual: | |
| 23 | | ies (A contract for a | periodic payment of mone | ey to you, either for life or for a number of years) | |
| | ■ No □ Yes | lssue | er name and description. | | |
| 24 | | | IRA, in an account in a q 0A(b), and 529(b)(1). | ualified ABLE program, or under a qualified state tuition progra | am. |
| | ☐ Yes | Institu | ution name and description | n. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25 | Trusts | , equitable or futur | e interests in property (c | other than anything listed in line 1), and rights or powers exerci | sable for your benefit |
| | ☐ Yes. | Give specific inform | nation about them | | |
| 26 | | | | nd other intellectual property eds from royalties and licensing agreements | |
| | ☐ Yes. | Give specific inform | nation about them | | |
| 27 | _Examp | | d other general intangible s, exclusive licenses, coop | es perative association holdings, liquor licenses, professional licenses | |
| | ■ No □ Yes. | Give specific inform | nation about them | | |
| M | oney or | property owed to y | ou? | | Current value of the portion you own? |

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| Debto | or 1 Linda A Johnson | | C: | ase number (if known) | 20-10634 |
|---------------|--|-----------------------------------|---------------------------------------|---------------------------|---|
| | | | | | Do not deduct secured claims or exemptions. |
| | ax refunds owed to you No Yes. Give specific information about to | hem, including whether you alrea | ady filed the returns and | d the tax years | |
| | | 2019 Tax Refund | | Federal | \$5,000.00 |
| | | 2019 Tax Refund | | State | \$5,000.00 |
| | | 2019 Tax Refund | | Earned Income Credit | \$5,000.00 |
| 30. O | amily support Examples: Past due or lump sum alimo No Yes. Give specific information Ather amounts someone owes you Examples: Unpaid wages, disability ins benefits; unpaid loans you r No Yes. Give specific information | urance payments, disability bene | | | |
| 31. In | nterests in insurance policies Examples: Health, disability, or life insurance No Yes. Name the insurance company of Company | f each policy and list its value. | HSA); credit, homeowne Beneficiary | | nce Surrender or refund value: |
| If s ■ | ny interest in property that is due yo f you are the beneficiary of a living trus comeone has died. No Yes. Give specific information | | | urrently entitled to rece | eive property because |
| = | laims against third parties, whether Examples: Accidents, employment disp No Yes. Describe each claim | | | or payment | |
| | ther contingent and unliquidated classifier No Yes. Describe each claim | aims of every nature, including | g counterclaims of the | debtor and rights to | set off claims |
| | ny financial assets you did not alrea No Yes. Give specific information | ady list | | | |
| | Add the dollar value of all of your er for Part 4. Write that number here | | | | \$15,925.00 |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

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| Debto | r 1 Linda A Johnson | Document | Page 7 of 3 | Case number (if known) | 20-10634 |
|-----------------|---|-----------------------------------|-----------------------|---------------------------|------------------|
| 37. Do : | you own or have any legal or equitable | interest in any business-related | property? | | |
| ■ N | o. Go to Part 6. | | | | |
| ☐ Ye | es. Go to line 38. | | | | |
| Part 6: | Describe Any Farm- and Commercial If you own or have an interest in farmlan | | wn or Have an Interes | st In. | |
| 46. Do | you own or have any legal or equi | table interest in any farm- or | r commercial fishin | ng-related property? | |
| | No. Go to Part 7. | | | | |
| | Yes. Go to line 47. | | | | |
| Part 7: | Describe All Property You Own o | or Have an Interest in That You D | oid Not List Above | | |
| E) | you have other property of any kin xamples: Season tickets, country club No Yes. Give specific information | | | | |
| | Add the dollar value of all of your e | ntries from Part 7. Write that | number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this | Form | | | |
| 55. P | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. P | Part 2: Total vehicles, line 5 | _ | \$0.00 | | |
| 57. P | Part 3: Total personal and househo | d items, line 15 | \$1,800.00 | | |
| | Part 4: Total financial assets, line 36 | _ | \$15,925.00 | | |
| 59. P | Part 5: Total business-related prope | rty, line 45 | \$0.00 | | |
| | Part 6: Total farm- and fishing-relate | · · · · · - | \$0.00 | | |
| 61. P | Part 7: Total other property not liste | d, line 54 + _ | \$0.00 | | |
| 62. T | otal personal property. Add lines 50 | 3 through 61 | \$17,725.00 | Copy personal property to | stal \$17,725.00 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$17,725.00

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| Fill in this infor | Fill in this information to identify your case: | | | | | |
|---------------------|---|-------------------|----------------|--|------------------------------------|--|
| Debtor 1 | Linda A Johnson | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | | | |
| Case number | 20-10634 | | | | | |
| (if known) | 20 10004 | | | | Check if this is an amended filing | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions | are you claiming | ? Check one only. | even if your s | spouse is filing with γ |
|----|-------------------------|------------------|-------------------|----------------|--------------------------------|
| | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from | | nt of the exemption you claim | Specific laws that allow exemption |
|--|---|------------|--|------------------------------------|
| Home Furnishings Line from Schedule A/B: 6.1 | \$800.00 | . _ | \$800.00 100% of fair market value, up to | Miss. Code Ann. § 85-3-1(a) |
| Three flat screen televisions valued at less than \$200 each | \$500.00 | | any applicable statutory limit \$500.00 | Miss. Code Ann. § 85-3-1(a) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to applicable statutory limit | |
| Lap Top Line from Schedule A/B: 7.2 | \$100.00 | | \$100.00 100% of fair market value, up to any applicable statutory limit | Miss. Code Ann. § 85-3-1(a) |
| Clothing Line from Schedule A/B: 11.1 | \$400.00 | | \$400.00 100% of fair market value, up to any applicable statutory limit | Miss. Code Ann. § 85-3-1(a) |
| Federal: 2019 Tax Refund Line from Schedule A/B: 28.1 | \$5,000.00 | | \$5,000.00 100% of fair market value, up to any applicable statutory limit | Miss. Code Ann. § 85-3-1(j) |

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| Del | btor 1 Linda A Johnson | | | Case number (if known) | 20-10634 |
|-----|---|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | State: 2019 Tax Refund Line from Schedule A/B: 28.2 | \$5,000.00 | | \$5,000.00 | Miss. Code Ann. § 85-3-1(k) |
| | Line nom Schedule A/B. 20.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Earned Income Credit: 2019 Tax Refund | \$5,000.00 | | \$5,000.00 | Miss. Code Ann. § 85-3-1(i) |
| | Line from Schedule A/B: 28.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every ■ No □ Yes. Did you acquire the property cover □ No □ Yes | 3 years after that for ca | ases fi | , | , |

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| | | Document F | Page 10 | of 36 | | |
|--------------------------------------|----------------------|---|---------------|--|--|------------------------|
| Fill in this informat | ion to identify you | r case: | | | | |
| _ | Linda A Johnso | n | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bankr | uptcy Court for the: | NORTHERN DISTRICT OF MISS | SISSIPPI | | | |
| Case number 20- | 10634 | | | | | |
| (if known) | | | | | _ | if this is an |
| | | | | | amend | led filing |
| Official Form 1 | 106D | | | | | |
| Schedule D | : Creditors | Who Have Claims S | ecure | d by Propert | y | 12/15 |
| | | f two married people are filing together, out, number the entries, and attach it to | | | | |
| 1. Do any creditors hav | ve claims secured by | your property? | | | | |
| _ ` | - | nis form to the court with your other so | chedules. Y | ou have nothing else to | o report on this form. | |
| Yes. Fill in all | of the information b | pelow. | | C | • | |
| Part 1: List All S | ecured Claims | | | | | |
| | | nore than one secured claim, list the credit | or separately | Column A | Column B | Column C |
| | | a particular claim, list the other creditors in cal order according to the creditor's name. | Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 ROYAL FUR | NITURE | Describe the property that secures the | claim: | \$482.00 | \$0.00 | If any \$482.00 |
| Creditor's Name | | INSTALLMENT SALES CONTR | RACT | | | |
| | | | | | | |
| 122 S MAIN | ST | As of the date you file, the claim is: Che apply. | eck all that | | | |
| Memphis, Ti | N 38103-3621 | ☐ Contingent | | | | |
| Number, Street, City | y, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? | Chack and | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | Check one. | _ | | anuma d | | |
| Debtor 1 only Debtor 2 only | | An agreement you made (such as mo car loan) | ortgage or se | curea | | |
| Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| ☐ At least one of the o | , | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this claim community debt | n relates to a | Other (including a right to offset) | | | | |
| Date debt was incurre | ed <u>8/10/2019</u> | Last 4 digits of account number | 0203 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$482.00

\$482.00

Write that number here:

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| | | Document | Page 13 | L of 36 | |
|---|--|--|-----------------------------|--|--|
| Fill in this infe | ormation to identify your | case: | | | |
| Debtor 1 | Linda A Johnson | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF M | ISSISSIPPI | | |
| Case number | 20-10634 | | | | |
| (if known) | 20-10034 | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official Fo | rm 106E/F | | | | |
| | | ho Have Unsecured | Claims | | 12/15 |
| Schedule G: Exe Schedule D: Cre left. Attach the C name and case | ecutory Contracts and Unexp ditors Who Have Claims Sec Continuation Page to this pag number (if known). | that could result in a claim. Also ired Leases (Official Form 106G). I ured by Property. If more space is e. If you have no information to re | Do not include needed, copy | any creditors with partially secure the Part you need, fill it out, numb | ed claims that are listed in er the entries in the boxes on the |
| | t All of Your PRIORITY Un | | | | |
| _ ′ | ditors have priority unsecure | d claims against you? | | | |
| ■ No. Go t | o Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: List | t All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any cre | ditors have nonpriority unsec | ured claims against you? | | | |
| ☐ No. You | have nothing to report in this pa | art. Submit this form to the court with | your other sche | edules. | |
| Yes. | | | | | |
| unsecured of | claim, list the creditor separately | aims in the alphabetical order of the for each claim. For each claim listers at the other creditors in Part 3.lf you | d, identify what t | ype of claim it is. Do not list claims a | already included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Cedit | Acceptance | Last 4 digits of acc | count number | 7854 | \$7,107.00 |
| РО В | ority Creditor's Name OX 5070 | When was the deb | t incurred? | 10/1/2014 | |
| | hfield, MI 48086-5070 or Street City State Zip Code | As of the date you | file, the claim i | s: Check all that apply | |
| | ncurred the debt? Check one. | 7.0 0 ши шио учи | , | or or one an anat apply | |
| ■ Deb | otor 1 only | ☐ Contingent | | | |
| ☐ Deb | otor 2 only | ☐ Unliquidated | | | |
| ☐ Deb | otor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At I | east one of the debtors and and | | RITY unsecure | d claim: | |
| | eck if this claim is for a comm | | | | |
| debt Is the | claim subject to offset? | ☐ Obligations arisi report as priority cla | • | ration agreement or divorce that you | u did not |
| ■ No | • | | | g plans, and other similar debts | |
| ☐ Yes | 3 | Other. Specify | Charge Off | Account | |
| | | | | | |

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| Debto | 1 Linda A Johnson | | Case number (if known) 20-10634 | |
|-------|---|--|--|------------|
| 4.2 | FST METRO FIN SVC INC | Last 4 digits of account number | | \$2,310.00 |
| | Nonpriority Creditor's Name 6295 SUMMER AVE STE 101 Magnetic TN 38134 | When was the debt incurred? | | |
| | Memphis, TN 38134 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | or chook all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charged O | | |
| 4.3 | Wakefield and Associates | Last 4 digits of account number | 3141 | \$464.00 |
| 4.0 | Nonpriority Creditor's Name | | | φ404.00 |
| | PO Box 50250 | When was the debt incurred? | 5/20/2013 | |
| | Knoxville, TN 37950 Number Street City State Zip Code | As of the date you file, the claim | s: Chock all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's | S. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | · | ON FOR MEDICAL BAPTIST | |
| 4.4 | Wakefield and Associates | Last 4 digits of account number | 3244 | \$500.00 |
| | Nonpriority Creditor's Name PO Box 50250 | When was the debt incurred? | 8/27/2013 | |
| | Knoxville, TN 37950 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's | S. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | | ON FOR MEDICAL UNION | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Linda A Johnson Case number (if known) 20-10634

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | - · · · · | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 0.00 |
| claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 10,381.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 10,381.00 |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|----------------|------------------------------------|
| Debtor 1 | Linda A Johnson | 1 | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | |
| Case number | 20-10634 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| | | Docume | ili raye 13 t | JI 30 | |
|--|--|--|---|---|--|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Linda A Johnson | | | | |
| Dobto. 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRICT | OF MISSISSIPPI | | |
| Case num | ber 20-10634 | | | | |
| (if known) | 20-10034 | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Ott: -: - | I Farma 400I I | | | | |
| | I Form 106H | _ | | | |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| Arizon No. Yes 3. In Colin line Form | hin the last 8 years, have you ha, California, Idaho, Louisiana, Go to line 3. S. Did your spouse, former spoudumn 1, list all of your codebte 2 again as a codebtor only in the codebter only in the | Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran | e with you at the time? spouse as a codebton tor or cosigner. Make | ington, and Wisconsin.) if your spouse is filing sure you have listed th | w states and territories include g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 24 | | | | Cohedula D. P. | |
| 3.1 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule D, lin | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | <u>.</u> |
| | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| = | Number Street | | | | |
| | City | State | ZIP Code | | |
| | | | | | |

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| Fill | in this information to identify your o | .350. | | | | | | |
|-------------------------|---|-------------------------------|---|------------------|-------------------------|--------------------------------|--|----------------------|
| | otor 1 Linda A Joh | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | |
| Uni | ted States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF MISSISSIPPI | | _ | | | |
| (If kn | ee number 20-10634 own) | | - | | | | | |
| | fficial Form 106I | | | | | MM / DD/ Y | YYY | |
| | chedule I: Your Inc | | | | | | | 12/15 |
| sup _l spo | is complete and accurate as posolying correct information. If you use. If you are separated and you has separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your spo ith you, do not include | ouse i inforr | s living w nation ab | ith you, inclu out your spo | ude information abou ouse. If more space is | ut your s needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-filing spouse | 9 |
| | If you have more than one job, | Employment status | ■ Employed | | | ☐ Employed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | ☐ Not e | mployed | |
| | employers. | Occupation | Warehouse | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Flagship Facility S | Servi | es Inc. | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1050 N. 5th Street San Jose, CA 951 | | e 50 | | | |
| | | How long employed t | here? <u>1 year</u> | | | | | |
| Par | t 2: Give Details About Mo | nthly Income | | | | | | |
| | mate monthly income as of the case unless you are separated. | late you file this form. If | you have nothing to repo | ort for | any line, w | rrite \$0 in the | space. Include your n | on-filing |
| | u or your non-filing spouse have me space, attach a separate sheet to | | ombine the information fo | or all e | employers | for that perso | on on the lines below. I | f you need |
| | | | | | For I | Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,156.46 | \$ N/A | <u>.</u> |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ N/A | <u> </u> |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$2 | 2,156.46 | \$ <u>N/A</u> | |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1 | Linda A Johnson | = | Cas | e number (if kno | vn) | 20-10 | 0634 | | |
|-----|-----------------------|---|------------------|------------------|------------------|----------|------------------|----------------|-------------------|-----------------|
| | | | | Fo | or Debtor 1 | | | Debtor : | | |
| | Cop | y line 4 here | 4. | \$ | 2,156. | 46 | \$ | Tilling 3 | N/A | |
| 5. | List | all payroll deductions: | | - | | | | | | - |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 191.0 | 0.4 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | 0.0 | | \$ | | N/A | - |
| | 5c. | Voluntary contributions for retirement plans | 5c. | - 1 - | | 00 | \$ - | | N/A | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | | 0.0 | | \$ | | N/A | - |
| | 5e. | Insurance | 5e. | i - | 0.0 | | \$_ | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | \$ | | 00 | \$- | | N/A | - |
| | 5g. | Union dues | 5g. | | 0.0 | | \$ | | N/A | - |
| | 5h. | Other deductions. Specify: | 5h | - 1 - | | _ | + \$ | | N/A | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | \$ | 191.0 | | \$ | | N/A | - |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,965. | _ | \$ | | N/A | - |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | - | , | | · <u>-</u> | | | - |
| | | monthly net income. | 8a. | \$ | 0.0 | 00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.0 | 00 | \$ | | N/A | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.0 | 00_ | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.0 | 00 | \$ | | N/A | - |
| | 8e. | Social Security | 8e. | \$ | 0.0 | 00 | \$ | | N/A | |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8f. 8g. 8h | _ | 0.: 0.: | 00 | \$ \$ + \$ | | N/A N/A N/A | - - |
| | OII. | Other monthly income. Specify. | _ 011 | - Ψ ₋ | 0.0 | <u> </u> | ΤΨ <u></u> | | IN/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0.0 | 00 | \$ | | N/A | A |
| 10. | Calo | culate monthly income. Add line 7 + line 9. | 10. \$ | 5 | 1,965.42 + | \$ | | N/A | = \$ | 1,965.42 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | · | | | | | <u> </u> |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | , , | | , | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | 12. | \$ | 1,965.42 |
| | | | | | | | | | Combin | ned y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|------|---|--|------------|---|-------------------------------|
| Deb | otor 1 Linda A Johnson | | Chec | ck if this is: | |
| 1 | otor 2 puse, if filing) | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter |
| | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF MIS | SCISSIDDI | | MM / DD / YYYY | |
| | · · | ISISSIFFI | | WIWI/ DD/ 1111 | |
| 1 | e number 20-10634 | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/1 |
| info | as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this nber (if known). Answer every question. | | | | |
| Part | | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense | es for Separate Househ | old of Deb | tor 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the | Doughtor | | 16 | □ No |
| | dependents names. | Daughter | | | ■ Yes □ No |
| | | Son | | 21 | ■ Yes |
| | | - | | | □ No |
| | | | | _ | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | L 163 |
| | <u> </u> | | | | |
| exp | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sup- plicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> ficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | Include first mortgage | 4. \$ | 8 | 205.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | 5 | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| E | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as h | anna aguitu lagna | 4d. \$ | | 0.00 |

| Debtor 1 | Linda A Johnson | Case num | ber (if known) | 20-10634 |
|------------------|--|----------|----------------|---|
| 6. Utilit | es: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 80.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 12.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 45.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Food | and housekeeping supplies | | \$ | 785.00 |
| Child | care and children's education costs | 8. | \$ | 0.00 |
| Cloth | ing, laundry, and dry cleaning | 9. | \$ | 120.00 |
| . Pers | onal care products and services | 10. | \$ | 50.00 |
| | cal and dental expenses | 11. | \$ | 150.00 |
| . Tran | sportation. Include gas, maintenance, bus or train fare. | | | |
| | ot include car payments. | 12. | \$ | 200.00 |
| . Ente | tainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| . Char | itable contributions and religious donations | 14. | \$ | 0.00 |
| . Insu | ance. | | | |
| Do no | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. | Life insurance | 15a. | | 0.00 |
| 15b. | Health insurance | 15b. | | 0.00 |
| 15c. | Vehicle insurance | 15c. | \$ | 0.00 |
| 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Spec | • | 16. | \$ | 0.00 |
| | Ilment or lease payments: | | | |
| | Car payments for Vehicle 1 | 17a. | | 0.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: Furniture payment | 17c. | | 64.00 |
| | Other. Specify: | 17d. | \$ | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | | œ. | 150.00 |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | |
| | r payments you make to support others who do not live with you. | 40 | \$ | 0.00 |
| Spec | • | 19. | | |
| | r real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property | 20a. | | 0.00 |
| | | | | 0.00 |
| | Real estate taxes | 20b. | | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20e. | | 0.00 |
| . Othe | r: Specify: | 21. | +\$ | 0.00 |
| 2. Calc | ulate your monthly expenses | | | |
| | Add lines 4 through 21. | | \$ | 1,961.00 |
| | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 1,301.00 |
| | | | φ | 4 004 00 |
| 22C. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,961.00 |
| . Calc | ulate your monthly net income. | | | J |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,965.42 |
| | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,961.00 |
| | | | · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 23c. | Subtract your monthly expenses from your monthly income. | | | 4.40 |
| | The result is your monthly net income. | 23c. | \$ | 4.42 |
| For ex | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage? | | | ease or decrease because of a |
| | | | | |
| □ Ye | es. Explain here: | | | |

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| Fill in this info | rmation to identify your | case: | | | |
|-----------------------------------|--|---------------------------|-------------------------|---------------------------|---|
| Debtor 1 | Linda A Johnson | · | Last Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT C | OF MISSISSIPPI | | |
| Case number | 20-10634 | | | | |
| (if known) | | | | | Check if this is an amended filing |
| obtaining mone years, or both. | ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 | n connection with a bankr | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| Si | gn Below | | | | |
| Did you p | pay or agree to pay some | eone who is NOT an attorn | ey to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the summ | ary and schedules fi | led with this declaration | on and |
| X /s/ Liı | nda A Johnson | | x | | |
| | A A Johnson ture of Debtor 1 | | Signature of | of Debtor 2 | |
| Date | March 11, 2020 | | Date | | |

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| Fill | in this infor | mation to identify you | r case: | | | |
|------|---|---------------------------------|--|-------------------------------------|---|--------------------|
| De | btor 1 | Linda A Johnson | n | | | |
| _ | | First Name | Middle Name | Last Name | | |
| | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | OF MISSISSIPPI | | |
| Cal | | 20.40024 | | | | |
| | se number nown) | 20-10634 | | | | heck if this is an |
| | | | | | a | mended filing |
| | | | | | | |
| Of | ficial Fo | orm 107 | | | | |
| | | - | Affairs for Individ | luals Filing for B | ankruntcy | 4/19 |
| | | | | | | |
| | | | | | equally responsible for sup _l additional pages, write you | |
| nun | nber (if know | n). Answer every ques | stion. | | | |
| Pai | rt 1: Give | Details About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is vou | ur current marital statu | ıs? | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | Marrie | | | | | |
| | ☐ Not ma | arried | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | _ | st all of the places you I | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| 3. | | | | | ty property state or territory | |
| stat | es and territo | <i>ries</i> include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto Ri | co, Texas, Washington and W | (isconsin.) |
| | No | | | | | |
| | ☐ Yes. M | lake sure you fill out Sch | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Pai | rt 2 Expla | ain the Sources of You | r Income | | | |
| | | | | | | |
| 4. | | | nployment or from operatin u received from all jobs and a | | ar or the two previous caler | ndar years? |
| | | | have income that you receive | | | |
| | □ No | | | | | |
| | | ill in the details. | | | | |
| | | | | | | |
| | | | Debtor 1 | Grand income | Debtor 2 Sources of income | Gross income |
| | | | Sources of income Check all that apply. | Gross income (before deductions and | Check all that apply. | (before deductions |
| | | | .,, | exclusions) | , | and exclusions) |
| | | of current year until | ■ Wages, commissions, | \$3,094.32 | ☐ Wages, commissions, | |
| tne | aate you fil | ed for bankruptcy: | bonuses, tips | | bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Doc 13 Case 20-10634-JDW Filed 03/11/20 Entered 03/11/20 16:50:33 Desc Main Page 22 of 36 Document Debtor 1 Linda A Johnson Case number (if known) 20-10634 Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$16,552.38 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$17,000.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions each source Describe below. and exclusions) (before deductions and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? \square No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Was this payment for ...

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Page 23 of 36 Debtor 1 Linda A Johnson Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Amount you Reason for this payment Dates of payment **Total amount** still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Person to Whom You Gave the Gift and Address:

Describe the gifts

Dates you gave the gifts

Value

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| Deb | tor 1 Linda A Johnson | | | Case number (| if known) 20-1063 | 34 | |
|------|--|----------------------|---|-------------------------|---|---------------------|-------------------|
| | | | | | | | |
| 14. | Within 2 years before you filed for bank | ruptcy, c | did you give any gifts or contributio | ns with a total | value of more th | an \$600 to any c | harity? |
| | ■ No Yes. Fill in the details for each gift or o | | | | | | |
| | Yes. Fill in the details for each gift or Gifts or contributions to charities that | | Describe what you contributed | | Dates you | | Value |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | | Describe what you contributed | | contributed | | value |
| Part | t 6: List Certain Losses | | | | | | |
| | Within 1 year before you filed for bankru or gambling? | uptcy or | since you filed for bankruptcy, did | you lose anyth | ning because of t | heft, fire, other d | isaster |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the | loss | Date of your | Value of pr | roperty |
| | how the loss occurred | | e the amount that insurance has paid. nce claims on line 33 of <i>Schedule A/B</i> | | loss | | lost |
| Parí | 7: List Certain Payments or Transfer | s | | | | | |
| | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition | preparii | ng a bankruptcy petition? | | | | you |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any propertransferred | perty | Date payment or transfer was made | | ount of ayment |
| | O'Brien Law Firm LLC 1890 Goodman Rd. East, Suite 201 Southaven, MS 38671 | | | | | \$6 | 665.00 |
| | Access Credit Counselling | | | | | • | \$14.95 |
| | www.accessbk.org | | | | | | |
| | Within 1 year before you filed for bankrupromised to help you deal with your cre Do not include any payment or transfer tha No Yes. Fill in the details. | ditors o | r to make payments to your credito | | r transfer any pro | perty to anyone | who |
| | Person Who Was Paid Address | | Description and value of any protransferred | perty | Date payment or transfer was made | | ount of ayment |
| | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have al include you have all you ha | ur busin s made a | ess or financial affairs? as security (such as the granting of a | | | | |
| | Person Who Received Transfer | | Description and value of | | ny property or | Date transfe | er was |
| | Address | | property transferred | payments paid in exc | received or debts | made | |

Person's relationship to you

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Debtor 1 Linda A Johnson Case number (if known) 20-10634

| 19. | within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No | | y property to a | self-settle | d trust or similar device o | of which you are a |
|-----|---|--|-------------------|-------------------------|--|---|
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the pro | perty trans | sferred | Date Transfer was made |
| Par | tt 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and St | torage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, vesold, moved, or transferred? Include checking, savings, money market, or on houses, pension funds, cooperatives, associated. | other financial accour | nts; certificates | s of deposi | | , , |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | | ast 4 digits of ccount number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, a | ny safe de _l | posit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 | year befor | e you filed for bankruptc | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | rt 9: Identify Property You Hold or Control for | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Inclu | ıde any proper | ty you bor | rowed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Par | rt 10: Give Details About Environmental Inform | nation | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface | water, ground | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposa | | environmental | law, wheth | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | as a hazardous | s waste, ha | zardous substance, toxic | substance, |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Linda A Johnson Case number (if known) 20-10634

| 24. | Has any governmental unit notified you t | hat you may be liable or potentially liable | under or in violation of an environme | ental law? |
|-----|---|---|--|--------------------|
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code | | Environmental law, if you know it | Date of notice |
| | | ZIP Code) | | |
| 25. | Have you notified any governmental unit | of any release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or a | dministrative proceeding under any envir | ronmental law? Include settlements a | nd orders. |
| | No | | | |
| | Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | rt 11: Give Details About Your Business | or Connections to Any Business | | |
| | Within 4 years before you filed for bankru | | y of the following connections to any | husiness? |
| 21. | | d in a trade, profession, or other activity, | | business? |
| | _ | mpany (LLC) or limited liability partnershi | · | |
| | ☐ A partner in a partnership | inpany (LLC) or infinited hability partnershi | p (LLF) | |
| | | | | |
| | ☐ An officer, director, or managing | · | | |
| | | ting or equity securities of a corporation | | |
| | No. None of the above applies. Go t | o Part 12. | | |
| | | fill in the details below for each business | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security r | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | |
| 28. | Within 2 years before you filed for bankru institutions, creditors, or other parties. | uptcy, did you give a financial statement t | o anyone about your business? Inclu | de all financial |
| | ■ No | | | |
| | Yes. Fill in the details below. | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | |
| | -, -, -, -, -, -, -, -, -, -, -, -, -, - | | | |

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Debtor 1 Linda A Johnson Case number (if known) 20-10634 Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Linda A Johnson Linda A Johnson Signature of Debtor 2 Signature of Debtor 1 Date Date March 11, 2020 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this inform | ation to identify your | case: | | | | |
|--------------------------------------|---|--|---------------------|--|--------------------|---|
| Debtor 1 | Linda A Johnson | | | | | |
| | First Name | Middle Name | | Last Name | _ | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | _ | |
| United States Ban | kruptcy Court for the: | NORTHERN DIS | TRICT OF MI | SSISSIPPI | | |
| | | | | | _ | |
| Case number 2 | 0-10634 | | | | Г | ☐ Check if this is an amended filing |
| Official For Statemen | | n for Indiv | /iduals | Filing Under Ch | apter 7 | 12/15 |
| | vidual filing under cha | . • | ll out this for | m if: | | |
| you have lease You must file this | er is earlier, unless th | nd the lease has n ithin 30 days after | you file you | r bankruptcy petition or by the luse. You must also send copic | | |
| | ople are filing together d date the form. | in a joint case, bo | oth are equal | ly responsible for supplying co | orrect information | on. Both debtors must |
| | nd accurate as possib ur name and case nur | | s needed, att | ach a separate sheet to this fo | rm. On the top | of any additional pages, |
| Part 1: List Yo | ur Creditors Who Have | Secured Claims | | | | |
| | rs that you listed in Pa | |): Creditors \ | Who Have Claims Secured by P | Property (Officia | al Form 106D), fill in the |
| | ditor and the property t | nat is collateral | What do y secures a | ou intend to do with the prope debt? | | id you claim the property s exempt on Schedule C? |
| | | | | | | |
| Creditor's R(| OYAL FURNITURE | | | der the property. the property and redeem it. | |] No |
| Description of | INSTALLMENT SA | LES | | the property and enter into a rmation Agreement. | | Yes |
| property securing debt: | CONTRACT | | ☐ Retain | the property and [explain]: | | |
| Part 2: List Yo | ur Unexpired Persona | Property Leases | | | | |
| For any unexpired in the information | d personal property lea below. Do not list rea | ase that you listed I estate leases. Ur | nexpired leas | G: Executory Contracts and Uses are leases that are still in efloes not assume it. 11 U.S.C. § | ffect; the lease | |
| Describe your ur | nexpired personal prop | perty leases | | | Will th | e lease be assumed? |
| Lessor's name: | | | | | □ No | |
| Description of lease Property: | sed | | | | ☐ Yes | |
| Lessor's name: | | | | | □ No | |
| Description of lease Property: | sed | | | | ☐ Yes | S |
| Lessor's name: | | | | | | |
| Official Form 108 | | Statement of Ir | ntention for I | ndividuals Filing Under Chapte | er 7 | page 1 |

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| Debtor 1 Linda A Johnson | Case number (if known) | 20-10634 |
|--|--|-------------------------------|
| Description of leased Property: | | □ No |
| Lessor's name: | | ☐ Yes |
| Description of leased Property: | | □ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Part 3: Sign Below | | |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. | about any property of my estate that sec | cures a debt and any personal |
| X /s/ Linda A Johnson | X | |
| Linda A Johnson Signature of Debtor 1 | Signature of Debtor 2 | |
| Date March 11, 2020 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| _ | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 20-10634-JDW Doc 13 Filed 03/11/20 Entered 03/11/20 16:50:33 Desc Main Document Page 34 of 36

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Mississippi

| In re | Linda A Johnson | | Case No. | 20-10634 |
|-------------|--|---|---|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR DE | CBTOR(S) |
| c | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 1,065.00 |
| | Prior to the filing of this statement I have received | | | 665.00 |
| | Balance Due | | \$ | 400.00 |
| 2. \$ | 8_85.00 of the filing fee has been paid. | | | |
| 3. T | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. T | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. I | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are mem | pers and associates of my law firm. |
| [| ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | |
| 6. I | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspec | ts of the bankruptcy c | ase, including: |
| b c | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, states Representation of the debtor at the meeting of credit [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how | tement of affairs and plan which ors and confirmation hearing, a reduce to market value; ex ons as needed; preparation | h may be required; nd any adjourned hea emption planning; | rings thereof; |
| 7. E | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis any other adversary proceeding. | e does not include the followin schargeability actions, jud | g service: icial lien avoidanc | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement fo | r payment to me for re | epresentation of the debtor(s) in |
| M | arch 11, 2020 | /s/ Kevin F. O'Br | ien | |
| Do | ate | Kevin F. O'Brien Signature of Attorn O'Brien Law Firn 1890 Goodman F Suite 201 | ey n, LLC Road East | |
| | | Southaven, MS 3 662-349-3339 Fa | | |
| | | bankruptcy@obi | | |
| | | Name of law firm | | |

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United States Bankruptcy Court Northern District of Mississippi

| n re Linda A Johnson | Debtor(s) | Case No. Chapter | 20-10634 7 |
|--------------------------------------|--|-----------------------|-----------------------|
| X /EDD | | | |
| VER | RIFICATION OF CREDITO | R MATRIX | |
| e above-named Debtor hereby verifies | s that the attached list of creditors is true an | d correct to the best | of his/her knowledge. |
| | | | |
| Date: March 11, 2020 | /s/ Linda A Johnson Linda A Johnson | | |

Signature of Debtor

Cedit Acceptance PO BOX 5070 Southfield, MI 48086-5070

FST METRO FIN SVC INC 6295 SUMMER AVE STE 101 Memphis, TN 38134

ROYAL FURNITURE 122 S MAIN ST Memphis, TN 38103-3621

Wakefield and Associates PO Box 50250 Knoxville, TN 37950